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"BEYOND GAY: BLACK MEN AND AIDS"

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February 01, 2002

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Phill Wilson is Founding Director of the African American AIDS Policy and Training Institute in Angeles

[1,043 words]

There was hardly time to contemplate the passage of the 20th anniversary of AIDS this June before we were hit with a bombshell from the present: news from the CDC that young black gay and bisexual men were being infected each year at rates five times higher than white gay men. Coming on the heels of earlier studies showing that 30 percent of young black gay men are infected by age 30 and that gay men of color account for over 50 percent of all new AIDS cases among gay men, it seems appropriate—even as we honor those who died over two decades—to also give some thought about how we can do better at HIV prevention for the future. The answer, though the organizers of coming out days and Pride contingents may not like to hear it, must dispense with comfortable assumptions that gay equals white, and that men who are out are the only ones worth our attention.

Gay identity has been, and remains, a powerful force in HIV prevention and personal change. Many of the leading organizations looked to as a model for AIDS services throughout the world—GMHC, APLA, White Walker, and San Francisco AIDS foundation—were begun by white gay men taking care of their own. In the African-American community, too, the power of out black gay men speaking out and working together in important organizations and lasting personal transformations, including my own.

Still, inaction toward the HIV crisis among black men who have sex with men is showing the limits of African-American gay community thinking, particularly concerning men who do not identify as gay. As alarming as the rate of HIV infection is, I am mortified by the complete failure of the gay and AIDS communities to mobilize against these bleak trends. It's not surprising that a mainstream newspaper in Texas would react to the epidemic among black men by describing how men go out, have "freaky" sex and go home to their wives. I don't want the general public to know that African-American men may function as out or gay in one part of our lives but play other roles within families, friendship networks and churches. But when gay and AIDS organizations turn up their hands about how to reach men who may not be spending Sunday morning at gay restaurants, community forums, then we have to ask: are these men the problem, or is it our one-size-fits-all approach to HIV prevention?

The real question that should have AIDS organizations scratching their heads is the fact that some studies show that black men—including those who identify as gay—are not reporting any more unsafe sex than their white counterparts. Why, then, are our infection rates so much higher? AIDS organizations have been too busy labeling African-American men who have sex with men as "unreachable" to know. No one seems to know how our sexual partners are, or how we meet each other. There's been very little examination of how or where men who do identify as gay find men who don't identify as gay for sex—and how we might reach both for prevention. There's very little investigation of what kinds of decisions African-American men who have

men are making, what kinds of conversation we're having about HIV disclosure, or what kinds of discussion support might prove helpful to us.

We do know-at least those of us who are black and gay-that the predominantly white AIDS prevention organizations need to offer African American men more than another lecture. We also know that we need resources for more and better research into why exactly levels of HIV infection are staying so high among African-American men who have sex with men. Now that African-American gay men are at greatest risk, we must be careful not to shift all gay community attention to AIDS in Africa, or to the marriage question. Is the call for increased funding for prevention? At the national level, those organizations representing gay America-like HRC, and others-should either look and act more like all of gay America, or be honest about what they're representing. At the local level, we need to look at community planning for HIV prevention-a goal but one that needs greater ongoing evaluation-to see if state and city health departments are making sure that money goes not just to African-American organizations, but to the African Americans at greatest risk.

We also need greater support for gay indigenous organizations-those run for and by black gay men. As those of us who helped build the AIDS movement in this country know, gay men have not done well waiting for government to lead. Why is it that, when a black gay organization has a fundraiser, white gay donors are missing in action. When a leading white gay organization has a fundraiser, they call on every black woman who has ever sang a song to perform, and ask for-and receive-support from across the racial spectrum.

Finally, we need HIV prevention organizations-white and African-American alike-to make sure they're reaching men who look and think like them, identify as gay the way they do, go the places they want to go, keep the hours they want to keep. Twenty years into the epidemic, prevention interventions need to help men who are having sex with men think through decision-making and risk-taking-including those marching in Pride parades, and those who may never do so.

When white gay men thought AIDS was primarily a white gay disease, they wanted everyone to pay attention. The gay community promised to fight until the epidemic was over. Unfortunately, a few very expensive toxic drugs that work for some people some of the time does not a cure make. What does it say about our community that AIDS advocacy has all but died, now that the majority of new cases are people of color? We respond to the AIDS epidemic now will speak volumes about "gay rights." If our movement is really about justice and equal rights, we as a community still have work to do. We still have a promise to keep.


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